

**Iowa Division of Labor  
Amusement Rides**

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[www.iowadivisionoflabor.gov/amusement-ride-inspections](http://www.iowadivisionoflabor.gov/amusement-ride-inspections)

**FOR OFFICE USE ONLY**

Permit #: \_\_\_\_\_  
Sticker #: \_\_\_\_\_  
Inspection Date: \_\_\_\_\_  
Repair Due Date: \_\_\_\_\_

**Inflatable Amusement Device Inspection Report**

Submit this completed inspection report by mail, email or fax to the address above for **each** inflatable blower and generator.

Show Name			
Owner's Name		Email Address	
Owner's Address	City	State	Zip
Owner's Phone Number	Owner's Mobile Number	Owner's Fax Number	
Location of Inspection			
Name of Device (Ex: ninja jump, generator 1, blower B)		Serial Number	
Name of Trained Operator		Date of Training	

**Type of Inspection:**

Initial Inspection

Re-inspection

Division of Labor

**Inspection Codes**

S = Satisfactory      US = Unsatisfactory – Safety Order issued      C = Corrected on Site      NA = Not Applicable

**Generator:**      \_\_\_\_\_ Condition      \_\_\_\_\_ Grounding      \_\_\_\_\_ Ground Fault Protection  
                         \_\_\_\_\_ Fueling Location      \_\_\_\_\_ Fire Extinguisher

**Extension Cords:**      \_\_\_\_\_ Grounding      \_\_\_\_\_ Proper Size      \_\_\_\_\_ Setup Location (not wet)

**Blower:**      \_\_\_\_\_ Plug Ground      \_\_\_\_\_ Guarding      \_\_\_\_\_ Placement  
                         \_\_\_\_\_ Ground Fault Protection

**Inflatable:**      \_\_\_\_\_ Placement      \_\_\_\_\_ Stitching Condition      \_\_\_\_\_ Tie Downs  
                         \_\_\_\_\_ Staked      \_\_\_\_\_ Weighted

**Operations:**      \_\_\_\_\_ Safety Rules Posted      \_\_\_\_\_ Attendant on Duty      \_\_\_\_\_ Operations Manual Available  
                         \_\_\_\_\_ Trained Operator on Duty

I certify that the information on this report is true and accurate to the best of my knowledge.

\_\_\_\_\_  
**Signature of Owner or Authorized Representative      Date**

\_\_\_\_\_  
**Signature of Owner Designated Inspector      Date**